24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

S	chedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
۷	VOMEN VOTE!	C C00473918	
		O coment	
Cł	neck if X 24-hour report 48-hour report New report Amends report file	led on M M / D D / Y Y Y Y	
	Full Name of Payee Mission Control	Date of Public Distribution/Dissemination	
		02 20 2014	
	Mailing Address 114 A Mansfield Hollow Rd	Amount	
	City State Zip Code	10698.04	
	Mansfield Center CT 06250	Transaction ID: SE-6206 Date of Disbursement or Obligation	
	Purpose of Expenditure Mailhouse Category/ Type	M = M / D = D / Y = Y = Y	
	Name of Federal Candidate Support Of	fice Sought: X House District: 13	
	David Jolly Oppose	President Senate State: FL	
	Calendar Year-To-Date Per Election for Office Sought Di- 20	sbursement For:	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Mission Control	02	
	Mailing Address 114 A Mansfield Hollow Rd	Amount	
	City State Zip Code	7306.88	
	Mansfield Center CT 06250	Transaction ID : SE-6207 Date of Disbursement or Obligation	
	Purpose of Expenditure Mailhouse Category/ Type	M = M / D = D / Y = Y = Y	
	Name of Federal Candidate Support Of	ffice Sought: X House District: 13	
	David Jolly Oppose	President Senate State: FL	
		sbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures			
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7	
	(c) TOTAL Independent Expenditures.		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.			
	Caroline Fines	M M / D D / Y Y Y Y Y	
	[Electronically Filed] Date	02 20 2014	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	TOTILO	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
WOMEN VOTE!		C C00473918	
Check if X 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee Mission Control		Date of Public Distribution/Dissemination	
Mailing Address 114 A Mansfield Hollow Rd		02 20 2014 Amount	
City State	Zip Code	7306.88	
Mansfield Center CT	06250	Transaction ID : SE-6208 Date of Disbursement or Obligation	
Purpose of Expenditure Mailhouse	Category/ Type	M = M / D = D / Y = Y = Y = Y	
Name of Federal Candidate	Support 0	Office Sought:	
Alex Sink	Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Sp-Gen Sp-Gen	
Full Name of Payee		Date of Public Distribution/Dissemination	
		M M / D D / Y Y Y Y	
Mailing Address		Amount	
City State	Zip Code		
		Date of Disbursement or Obligation	
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate	Support	Office Sought: House District:	
	Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		25311.80	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consul with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.			
	cally Filed] Date	02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			